



Office of the State Superintendent of Education
Wellness and Nutrition Services

PRE-AWARD CIVIL RIGHTS QUESTIONNAIRE

[FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities]

This questionnaire must be submitted as a part of the application packet from any agency/institution that has not previously participated in a U.S. Department of Agriculture child nutrition program in the District of Columbia. Failure to comply with this procedure will delay processing of the application. This questionnaire must be answered in its entirety and signed by the applicant's authorized official.

		YES	NO
1.	Does your Institution offer benefits and services to all persons without regard to race, color, national origin, sex, age, or disability?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has your Institution announced publicly (through the media, radio, television, newspapers, leaflets, etc.) that the benefits offered are available to all without regard to race, color, national origin, sex, age, or disability?	<input type="checkbox"/>	<input type="checkbox"/>
a.	Important: If the answer is yes to the above, give date(s) when media were used and attach copies of any brochures, news articles, bulletins, etc. that are used by your agency for public notification purpose for our review.	<input type="checkbox"/>	<input type="checkbox"/>
b.	If the answer is no to the above, is the institution willing to comply with the public notification requirement?	<input type="checkbox"/>	<input type="checkbox"/>
3.	If you recruit, what method is used by your institution? Check the appropriate box(es):		
	Applications	<input type="checkbox"/>	
	Open Enrollment	<input type="checkbox"/>	
	Referrals (Social Welfare, Courts, etc.)	<input type="checkbox"/>	
	Other (explain)	<input type="checkbox"/>	
<hr/>			
4.	Does your institution require membership in your institution(s) as a prerequisite for admission?	<input type="checkbox"/>	<input type="checkbox"/>
a.	If yes is the institution open to all persons without regard to race, color, national origin, sex, age, or disability? If no, explain: _____		
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b.	What is the name of the institution? _____		

Definition of Racial/Ethnic Categories

<i>Racial Identities</i>	
American Indian or Alaskan Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black or African American	A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
Native Hawaiian or other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<i>Ethnic Identity</i>	
Hispanic or Latino	A person of Mexican, Cuban, Puerto Rico, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”

6. What is the composition of the area serviced by your agency/institution?

Racial Identities:

American Indian/Alaskan Native: _____ Asian _____ Black/African American: _____

Native Hawaiian/Pacific Islander: _____ White: _____ Other: _____

Ethnic Identities:

Hispanic: _____ Not Hispanic or Latino: _____

7. What is the population of eligible persons to be serviced? (Eligible persons are defined as those persons falling into the category or criteria used to select participants [e.g., age, low income, etc.]):

8. Does your agency/institution currently have minorities participating? YES NO
☐ ☐
If the answer to the above question is yes, give a breakdown of enrollment by racial and ethnic identity:

Racial Identities:

American Indian/Alaskan Native: _____ Asian _____ Black/African American: _____
Native Hawaiian/Pacific Islander: _____ White: _____ Other: _____

Ethnic Identities:

Hispanic: _____ Not Hispanic or Latino: _____

9. Does your agency/institution currently have a planning or advisory committee? ☐ ☐
- a. If yes, does this committee represent program participation by race, color, national origin, age, sex, or disability? ☐ ☐
- b. Provide data showing the members of the advisory body by racial and ethnic identity:

Racial Identities:

American Indian/Alaskan Native: _____ Asian _____ Black/African American: _____
Native Hawaiian/Pacific Islander: _____ White: _____ Other: _____

Ethnic Identities:

Hispanic: _____ Not Hispanic or Latino: _____

10. Does your institution employ 15 or more persons? ☐ ☐
- a. If yes, are minority persons employed? ☐ ☐
- b. Provide data showing the number of **all** employees by racial and ethnic identity:

Racial Identities:

American Indian/Alaskan Native: _____ Asian _____ Black/African American: _____
Native Hawaiian/Pacific Islander: _____ White: _____ Other: _____

Ethnic Identities:

Hispanic: _____ Not Hispanic or Latino: _____

c. If the answer to **a.** is no, is your Institution willing to hire minorities? ☐ ☐

11. Does your institution have a pending or approved application for federal assistance through other federal programs? ☐ ☐

12. Has your institution ever been found in noncompliance with any civil rights requirements in the past two years? ☐ ☐

a. If yes, indicate the agency or court that found you in noncompliance.

b. What was the reason(s) for the noncompliance finding(s)?

c. Is your institution now in compliance? ☐ ☐

Signature of Authorized Representative

Title

Print Name

Date

Institution Name

Institution Address

OSSE USE ONLY

Date: _____

Approved ()

Disapproved ()

Reviewed By: _____